ST. JOHN'S HOME OF MILWAUKEE 1840 NORTH PROSPECT AVENUE

MI LWAUKEE 53202 Phone: (414) 272-2022 Ownershi p: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 87 Yes Total Licensed Bed Capacity (12/31/01): 95 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 62 Average Daily Census: 73 ********************* ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	21. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 2	Under 65	4.8	More Than 4 Years	35. 5
Day Services	No	Mental Illness (Org./Psy)	37. 1	65 - 74	8. 1		
Respite Care	No	Mental Illness (Other)	1.6	75 - 84	12. 9	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	22. 6	Full-Time Equivalent	ī
Congregate Meals	No	Cancer	0. 0	İ	(Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	12.9	65 & 0ver	95. 2		
Transportati on	No	Cerebrovascul ar	12. 9			RNs	24. 3
Referral Service	No	Di abetes	1.6	Sex	%	LPNs	18. 0
Other Services	No	Respi ratory	6. 5		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	24. 2	Male	22.6	Ai des, & Orderlies	40. 5
Mentally Ill	No			Femal e	77.4		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		0ther			Pri vate Pay			Family Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	0f
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	3	100. 0	359	27	100.0	108	0	0.0	0	32	100.0	207	0	0.0	0	0	0.0	0	62	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	3	100.0		27	100.0		0	0.0		32	100.0		0	0.0		0	0.0		62	100. 0

ST. JOHN'S HOME OF MILWAUKEE

Deaths During Reporting Period	l						
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	7. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	7. 5	Bathi ng	12. 9		67. 7	19. 4	62
Other Nursing Homes	6.0	Dressi ng	12. 9		66. 1	21. 0	62
Acute Care Hospitals	73. 1	Transferring	37. 1		41. 9	21. 0	62
Psych. HospMR/DD Facilities	0.0	Toilet Use	32. 3		46. 8	21. 0	62
Reĥabilitation Hospitals	0.0	Eati ng	48. 4		35. 5	16. 1	62
Other Locations	6.0	********	******	*****	***********	********	******
Total Number of Admissions	67	Conti nence		%	Special Treatment	ts	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	3. 2	Receiving Resp	iratory Care	4.8
Private Home/No Home Health	23. 3	Occ/Freq. Incontinent		45. 2	Recei vi ng Trac		0.0
Private Home/With Home Health	14. 0	Occ/Freq. Incontinent	t of Bowel	33. 9	Receiving Sucti	i oni ng	0. 0
Other Nursing Homes	8. 1	•			Receiving Osto	my Care	0. 0
Acute Care Hospitals	17. 4	Mobility			Recei vi ng Tube	Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	8. 1	Receiving Mech	anically Altered Diets	43.5
Reĥabilitation Hospitals	0.0	i i			S	•	
Other Locations	4. 7	Skin Care			Other Resident C	haracteri sti cs	
Deaths	32. 6	With Pressure Sores		6. 5	Have Advance D	i recti ves	100. 0
Total Number of Discharges		With Rashes		4.8	Medi cati ons		
(Including Deaths)	86				Receiving Psyc	hoactive Drugs	46. 8

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

Ownership: Bed Size: Li censure: Nonprofit 50-99 Skilled Al l Thi s Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 76.8 88. 9 0.86 86. 3 0.89 82.7 0.93 84. 6 0.91 Current Residents from In-County 95.2 88. 1 1.08 89. 4 1.06 **85**. 3 1. 12 77. 0 1. 24 Admissions from In-County, Still Residing 19.4 22.9 0.85 19. 7 0.99 21. 2 0.92 20.8 0.93 Admissions/Average Daily Census 91.8 129.6 0.71 180. 6 0.51 148. 4 0.62 128. 9 0.71 Discharges/Average Daily Census 117.8 133. 7 0.88 184. 0 0.64 150. 4 0.78 130.0 0.91 Discharges To Private Residence/Average Daily Census 43.8 47.6 0.92 80.3 0.55 **58.** 0 0.76 **52.8** 0.83 Residents Receiving Skilled Care 100 90. 5 1. 11 95. 1 1.05 91.7 1.09 85.3 1.17 Residents Aged 65 and Older 95. 2 97.0 0.98 1.05 91.6 87. 5 90.6 1.04 1.09 Title 19 (Medicaid) Funded Residents 43.5 **56.** 0 0.78 51.8 64. 4 0.68 68. 7 0.84 0.63 Private Pay Funded Residents 23.8 22. 0 51.6 35. 1 1.47 32. 8 1. 57 2. 17 2. 35 Developmentally Disabled Residents 3. 2 0. 5 1.3 2.44 0. 9 7. 6 0. 43 6.61 3. 43 Mentally Ill Residents 38. 7 30.9 1. 25 32. 1 1. 21 32. 2 1. 20 33. 8 1. 15 General Medical Service Residents 24. 2 27.3 0.88 22.8 1.06 23. 2 19.4 1.25 1.04 Impaired ADL (Mean) 45.8 50.3 0.91 50. 0 0.92 51.3 0.89 49.3 0.93 Psychological Problems 46.8 52.4 0.89 55. 2 0.85 50. 5 0.93 51. 9 0.90 Nursing Care Required (Mean) 7. 2 7. 5 7. 1 1.05 7.8 0.96 1.03 7. 3 1. 02